

Name
in
Full

CERTIFICATE OF DEATH

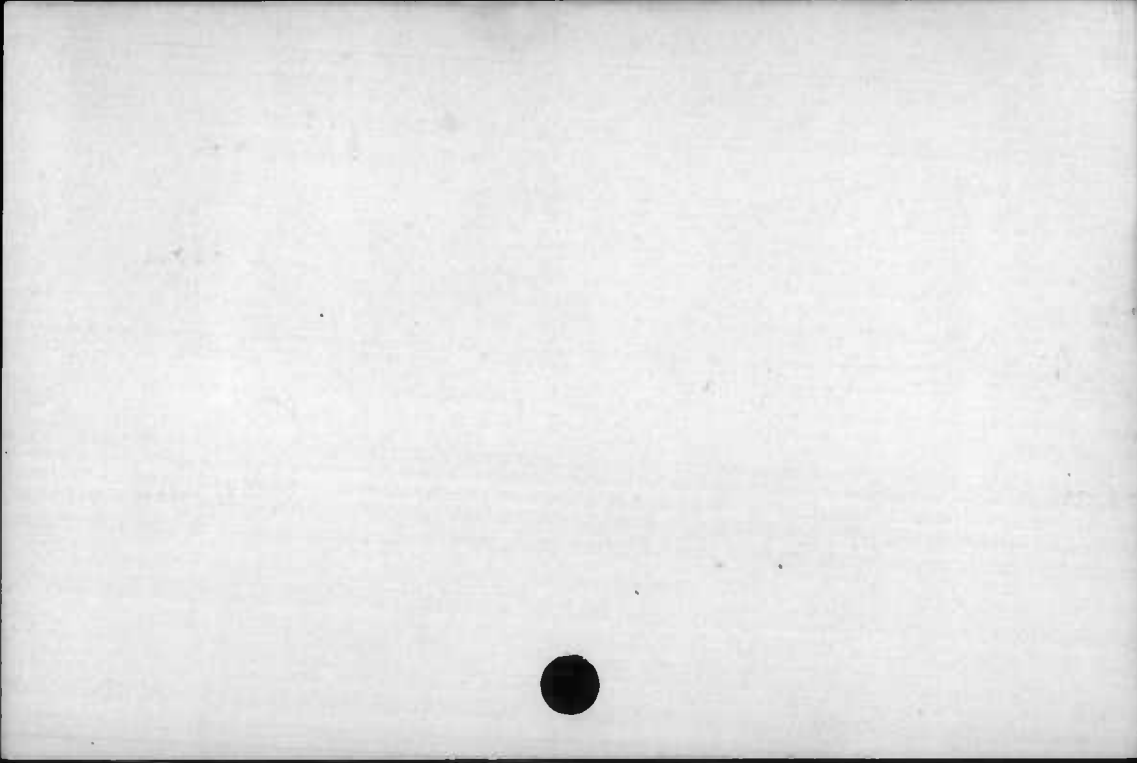
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Willom</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1909	Month <i>March</i>	Day <i>6</i>	Age <i>Years</i>	Months <i>4</i>	Days <i>1</i>	
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Willom Md.</i>		Occupation <i>None</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William Adams</i>				Father's Birthplace <i>Lumberton Md.</i>			
Mother's Maiden Name <i>Lavinia Johnson</i>				Mother's Birthplace <i>Huntington Md.</i>			
Name of person giving information <i>John Johnson</i>				How related to deceased <i>Grandfather</i>			
CAUSES OF DEATH							

92

PHYSICIAN
OR CORONER

Primary <i>Bronchitis Pneumonia</i>	How long <i>1 day</i>
Immediate <i>Dyspnea</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. Talbot</i>
<i>Yes</i>	Address <i>Cres. Beach Md.</i>
Accident or Suicide?	



Name
in
Full

Barbary Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

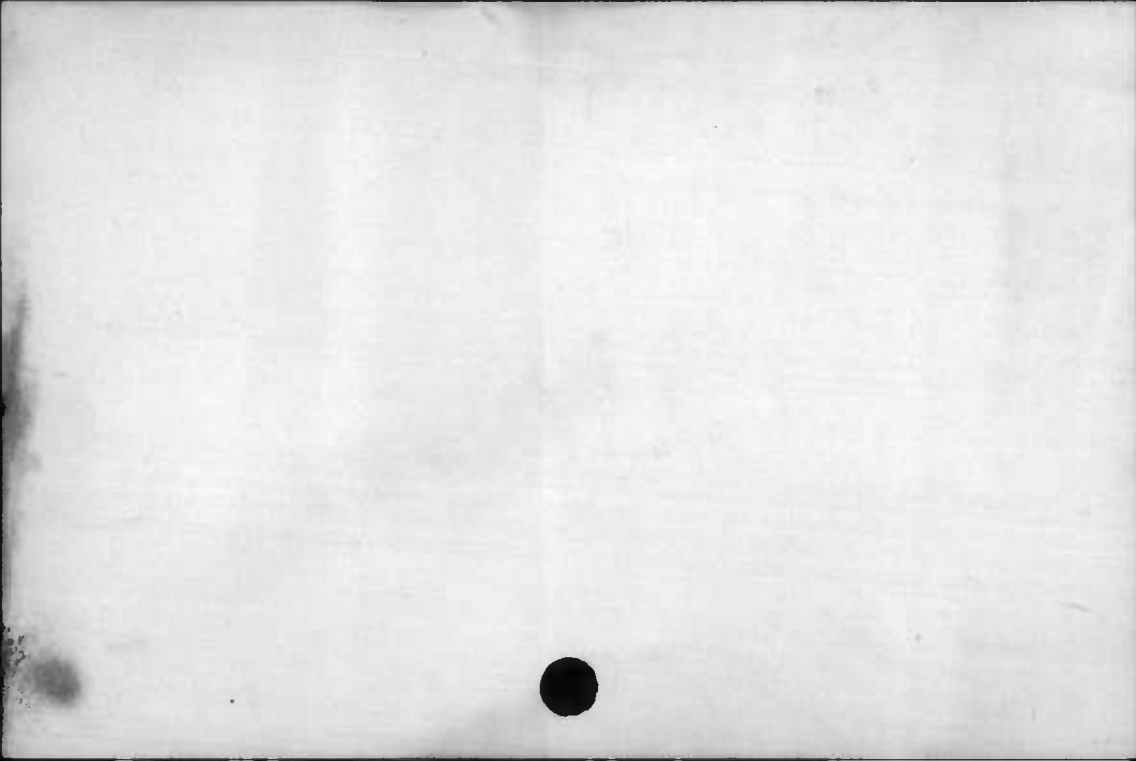
Died at ^{Town} Wallville ^{County} Calvert		MARYLAND	
Date of death	1909 March 24	Age	64
Sex	Female	Color or Race	Colored
Occupation	Housewife	Birth-place	Huntington, Md.
Married, Single or Widowed	Widowed	Name of Wife or Husband	Henry Campbell
Father's Name	Matthew-Coates	Father's Birthplace	Huntington, Md.
Mother's Maiden Name	Mary White	Mother's Birthplace	" "
Name of person giving information	Mary Chase	How related to deceased	Grandchild

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long	4 days
Immediate	Hypostatic pneumonia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		George Peterson	
Address		St. Leonard	
		Md.	
Accident or Suicide?			



Name
in
Full

Ernest Curtis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

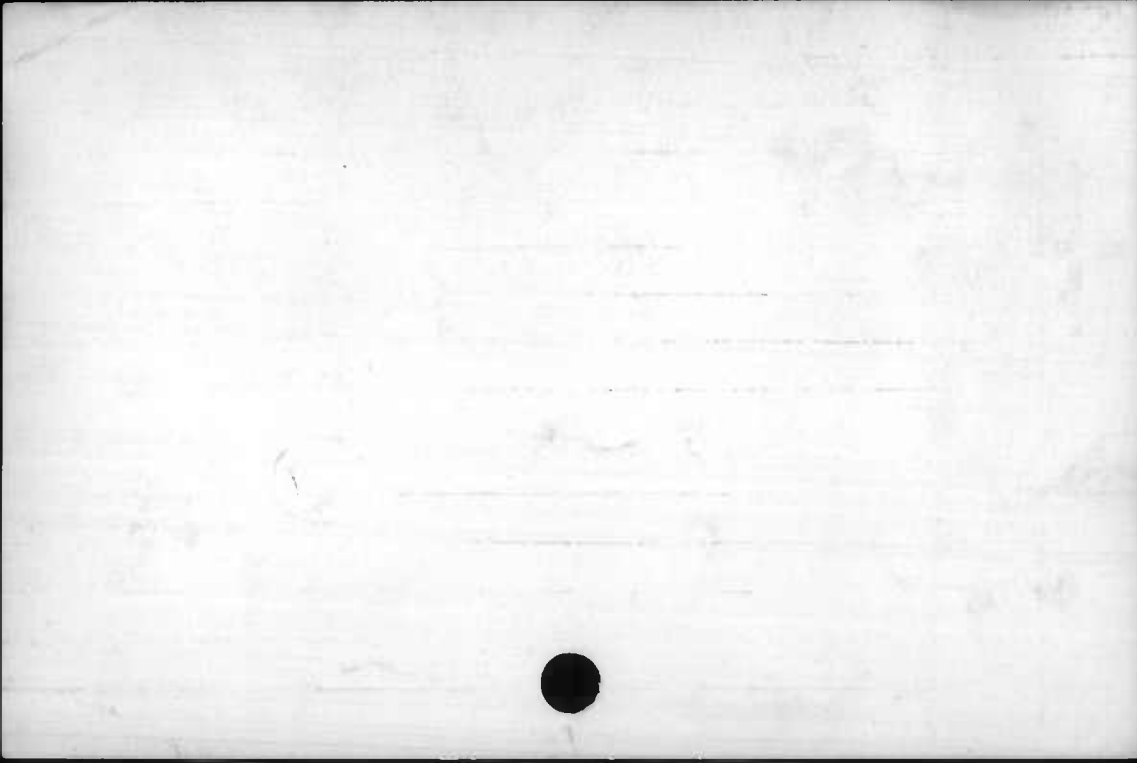
Died at		Town <i>Channy</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1909	Month <i>March</i>	Day <i>1</i>	Age	Years <i>31</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth- place	<i>Calvert Co. Md.</i>
Occupation	<i>working in Hotel</i>			Where Residing if not at place of death		<i>Washington, D. C.</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Major Curtis</i>					Father's Birthplace	<i>Calvert Co. Md.</i>
Mother's Maiden Name	<i>Caroline Howe</i>					Mother's Birthplace	<i>Calvert Co. Md.</i>
Name of person giving Information	<i>Joseph Curtis</i>					How related to deceased	<i>Cousin</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>1 year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. P. M. Channy, M. D.</i>
		Address	<i>Channy, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Frederick Ebb</i>		Town <i>Franklin</i>		County <i>Calvert</i>		State <i>MARYLAND</i>	
Died at <i>Franklin</i>		Month <i>Mar.</i>		Day <i>26</i>		Years <i>about 50</i>	
Date of death <i>1909</i>		Month <i>Mar.</i>		Day <i>26</i>		Years <i>about 50</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth- place <i>Calvert Co. Md</i>			
Occupation <i>Oysterman</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lizzie Brown</i>					
Father's Name <i>John Ebb</i>				Father's Birthplace <i>St. Marys Co. Md</i>			
Mother's Maiden Name <i>Adelgaide Briscoe</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving Information <i>Lizzie Ebb</i>				How related to deceased <i>wife</i>			

CAUSES OF DEATH

Primary

Heart Failure

How long

a few minutes

Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. F. Chambers*

Address

*Sub-Registrar L.B. 714
Lusby, Calvert Co., Md*PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Hester Groves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Olivet</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death 190	<i>9</i> Month	<i>24</i> Day	<i>about 60</i> Years	<i>-</i> Months	<i>-</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Groves</i>				
Father's Name <i>Peter Wallace</i>	Father's Birthplace <i>Calvert Co md</i>				
Mother's Maiden Name <i>Hester Wallace</i>	Mother's Birthplace <i>Calvert Co md</i>				
Name of person giving Information <i>George Groves</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Emphysema</i>	How long <i>several years</i>
Immediate <i>Bronchitis</i>	How long <i>about 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr F Chambers md</i>
	Address <i>Lusby Calvert Co md</i>
Accident or Suicide <input type="checkbox"/>	



Name
in
Full

Jm. J. Hardesty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Williams County Calvert **MARYLAND**

Died at Williams

Date of death 1909 Month March Day 18 Age 49 Months 2 Days

Sex Male Color or Race white Birth-place Cal. Cal.

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or ~~Husband~~ Annie Deal Grainer

Father's Name John Hardesty Father's Birthplace Cal. Cal.

Mother's Maiden Name Miss Welch Mother's Birthplace " "

Name of person giving Information Guy Hardesty How related to deceased Son

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Asthma & Pulmonary Tuberculosis How long 3 yrs

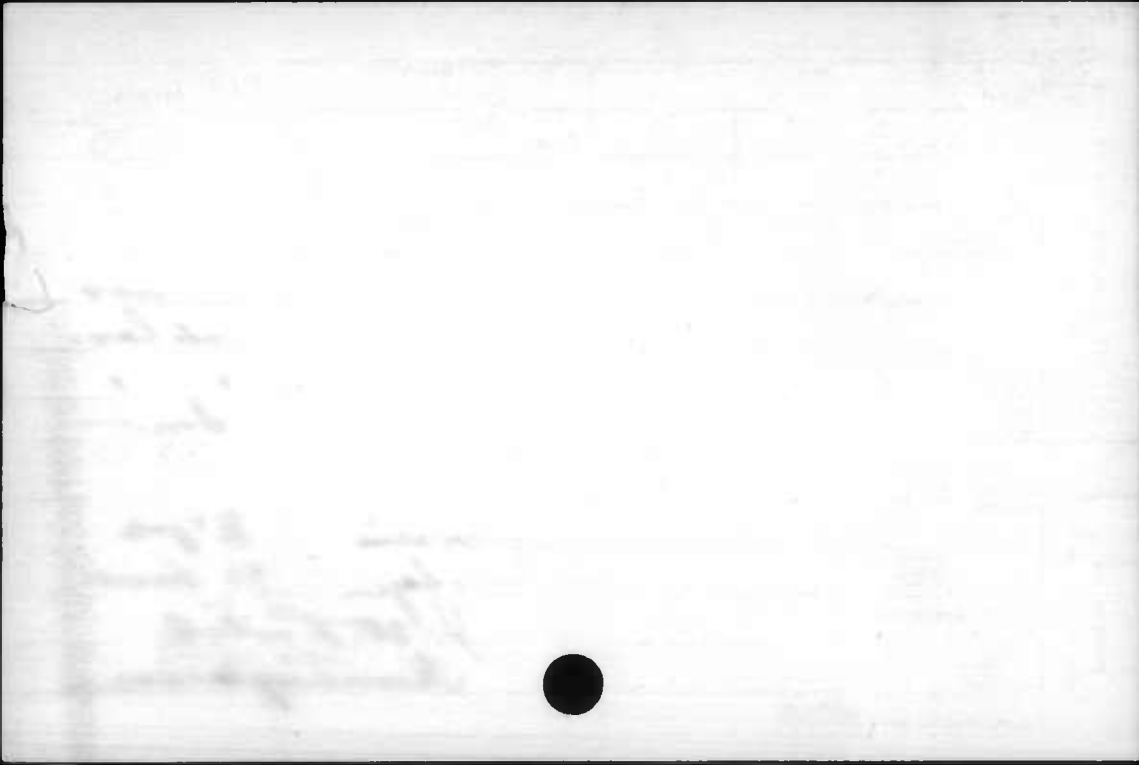
Immediate Pulmonary Tuberculosis How long 1/2 hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. W. Fitch

Address Huntingtown

Accident or Suicide



Name
in
Full

Infant child of Grace Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Barnston Town Calvert County MARYLAND

Date of death 1909 March 12 12 Age — Months — Days 12

Sex male Color or Race Black Birth-place Calvert Co

Occupation none Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Sam Grace Father's Birthplace Calvert Co

Mother's Maiden Name Grace Harris Mother's Birthplace " "

Name of person giving Information Joseph Harris How related to deceased Father

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary Don't know How long —

Immediate No Physician in attendance How long —

Are the name, age, sex, color, date and place correctly given above? — Signature of Physician J. M. T. King

Address Barnston Ind

Accident or Suicide —



Name
in
Full

Grace Ireland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Sunderland ^{County} Calvert **MARYLAND**Date of death 1909 ^{Month} March ^{Day} 20 ^{Years} Age 12 ^{Months} ^{Days}Sex Female ^{Color or Race} white ^{Birth-place} Cal. les.Occupation School Girl ^{Where Residing if not at place of death}Married, Single or Widowed ^{Name of Wife or Husband}Father's Name Wm H. Ireland ^{Father's Birthplace} Cal. les.Mother's Maiden Name Clara Rose ^{Mother's Birthplace} Balt. MdName of person giving Information J. B. Ireland ^{How related to deceased} Uncle

CAUSES OF DEATH

27

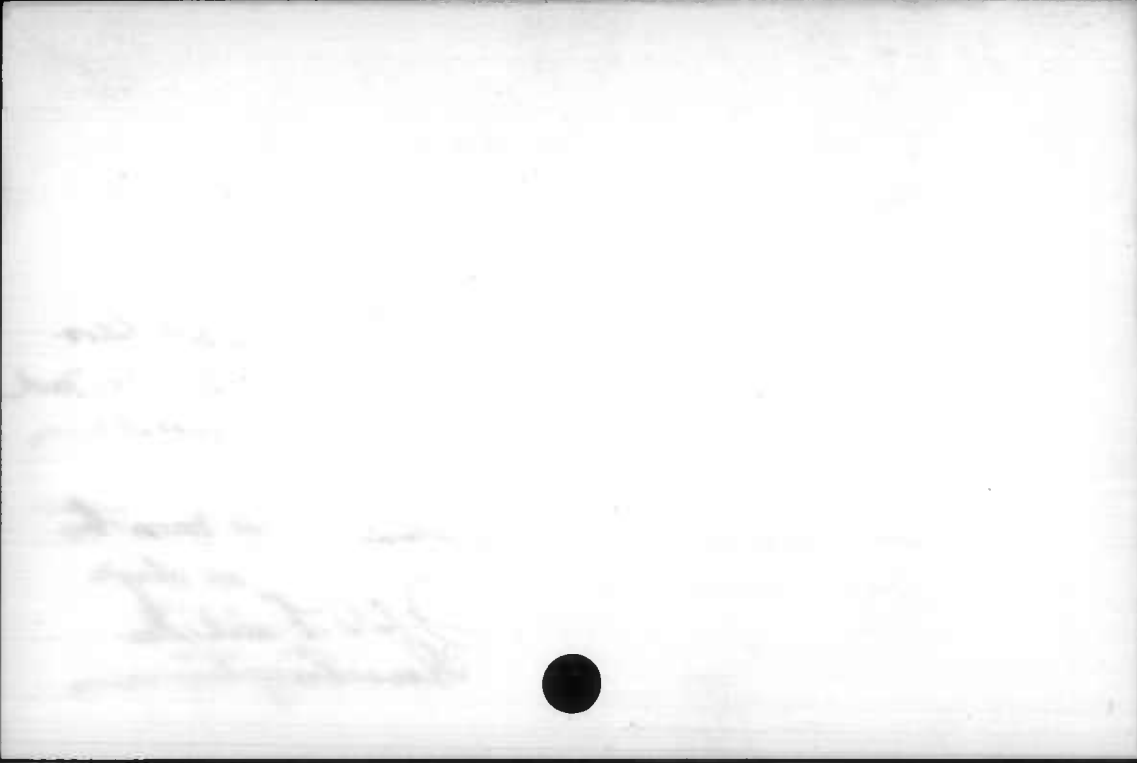
Primary Acute Pulmonary Tuberculosis ^{How long} 4 monthsImmediate Pneumonia ^{How long} 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

^{Signature of Physician} J. W. Fitch ^{Address} Huntingtown

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Johnson

Town

County

Died at

Cove Point

Calvert

MARYLAND

Date

of death 1909

Month

March

Day

2

Years

Age 74

Months

Days

Sex

male

Color or
RaceBlack
afrieanBirth-
place

Cove Pt Calvert

Occupation

Labourer

Where Residing if not
at place of death

Cove Pt

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Cassie Johnson

Father's
Name

not known

Father's
Birthplace

unknown

Mother's
Maiden Name

not known

Mother's
Birthplace

unknown

Name of person giving
Information

R C Humphreys

How related
to deceased

none

CAUSES OF DEATH

179

Primary

heart failure

How long

several years

Immediate

not known

How long

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

R C Humphreys coroner

Address

Cove Pt

Accident or Suicide

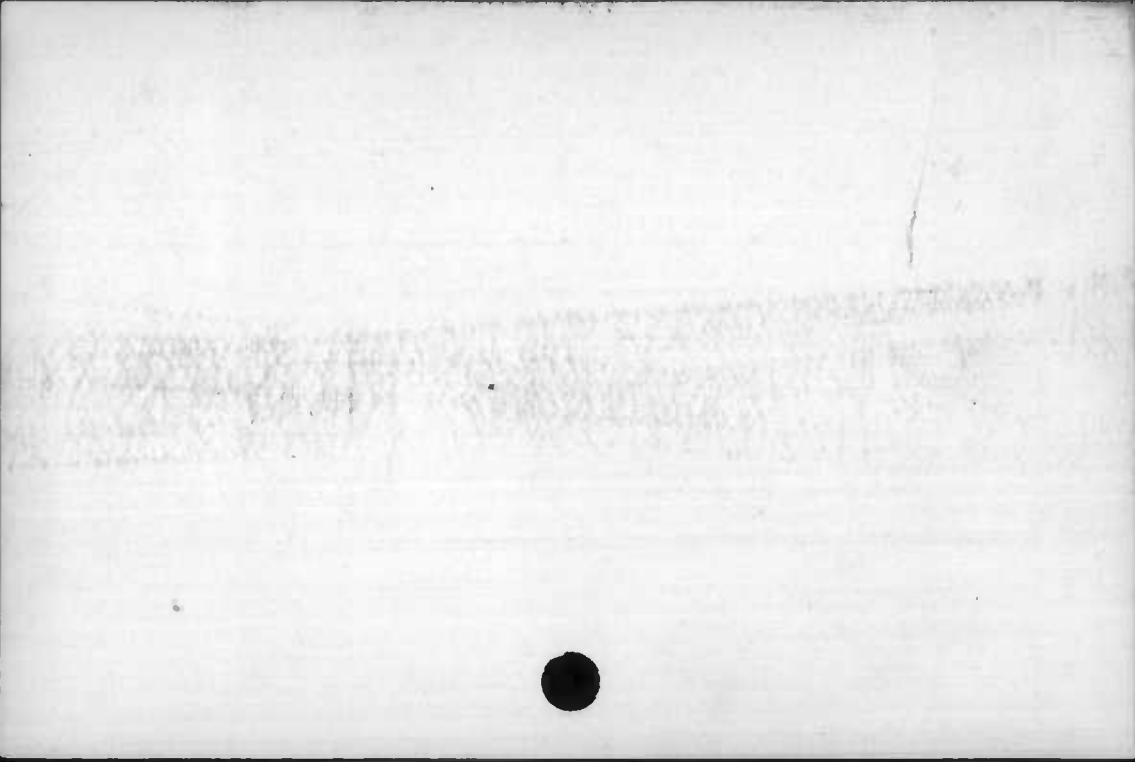
neither

Calvert Co

PHYSICIAN
OR CORONER



Name in Full Archibald Kitcham		Town Solomons		County Calvert		CERTIFICATE OF DEATH	
Died at		State MARYLAND					
Date of death		Month 9	Day Mar. 14	Age —	Years —	Months —	Days 12
Sex male		Color or Race white		Birth-place Solomons Md			
Occupation —		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Asa C. Kitcham		Father's Birthplace Somerset Co Md					
Mother's Maiden Name Margaret A. Parks		Mother's Birthplace Somerset Co Md					
Name of person giving information Margaret A Kitcham		How related to deceased Mother					
		CAUSES OF DEATH		151			
Primary Premature birth		How long —					
Immediate —		How long —					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Geo F Chambers					
		Address Sub. registrar L B J H					
Accident or Suicide? —		Lucy Calvert Co Md					



Name
in
Full

Fannie Ellen McCullough **CERTIFICATE OF DEATH**

TO BE ANSWERED BY
NEAREST FRIEND

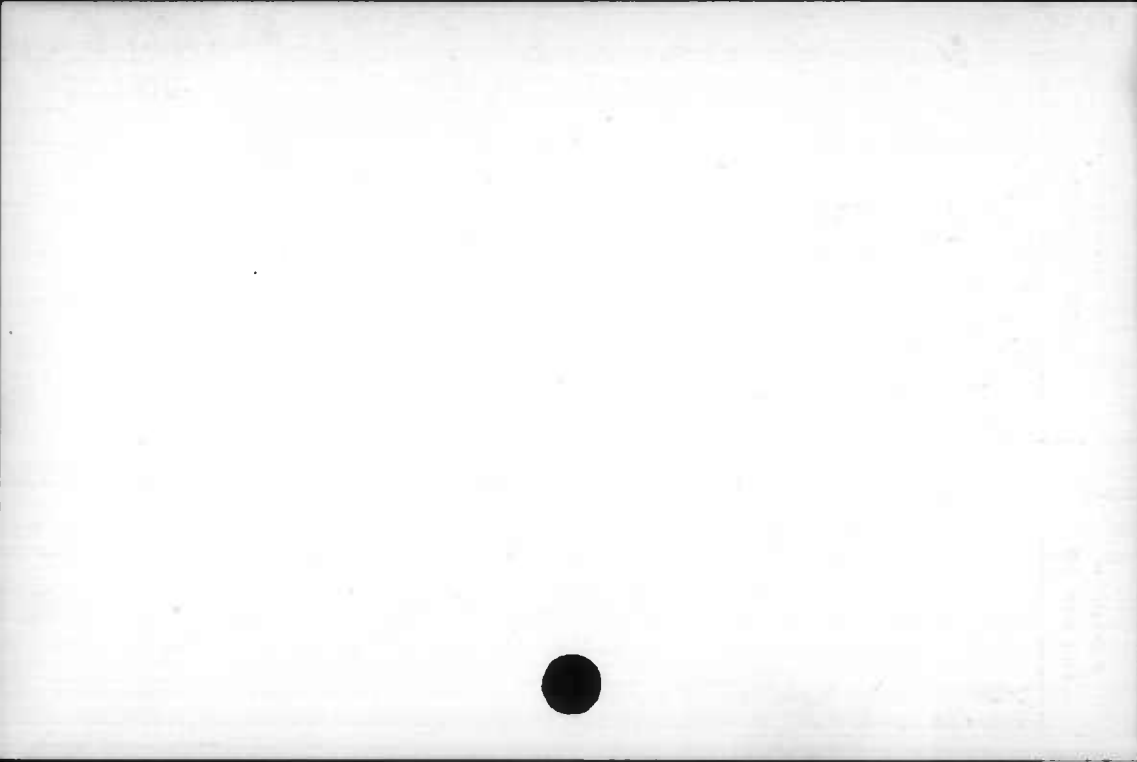
Died at <i>Cove Pt</i> <small>Town</small>		<i>Calvert</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i> <small>Year</small>		<i>Mar.</i> <small>Month</small>	<i>3</i> <small>Day</small>	<i>27</i> <small>Age</small>	<i>4</i> <small>Months</small>
<i>Female</i> <small>Sex</small>		<i>White</i> <small>Color or Race</small>		<i>Calvert Co md</i> <small>Birth-place</small>	
<i>Housewife</i> <small>Occupation</small>			<small>Where Residing if not at place of death</small>		
<i>Married</i> <small>Married, Single or Widowed</small>		<i>Allen McCullough</i> <small>Name of Wife or Husband</small>			
<i>Thomas Buckler</i> <small>Father's Name</small>		<i>Calvert Co md</i> <small>Father's Birthplace</small>			
<i>Olivia Selby</i> <small>Mother's Maiden Name</small>		<i>Calvert Co md</i> <small>Mother's Birthplace</small>			
<i>Allen McCullough</i> <small>Name of person giving Information</small>		<i>Husband</i> <small>How related to deceased</small>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

<i>Pulmonary Tuberculosis</i> <small>Primary</small>	<i>about 7 mos</i> <small>How long</small>
<i>Exhaustion</i> <small>Immediate</small>	<small>How long</small>
<i>yes</i> <small>Are the name, age, sex, color, date and place correctly given above?</small>	<i>Geo F Chambers md</i> <small>Signature of Physician</small>
	<i>Lucy Calvert Co md</i> <small>Address</small>
<i>Accident or Suicide</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

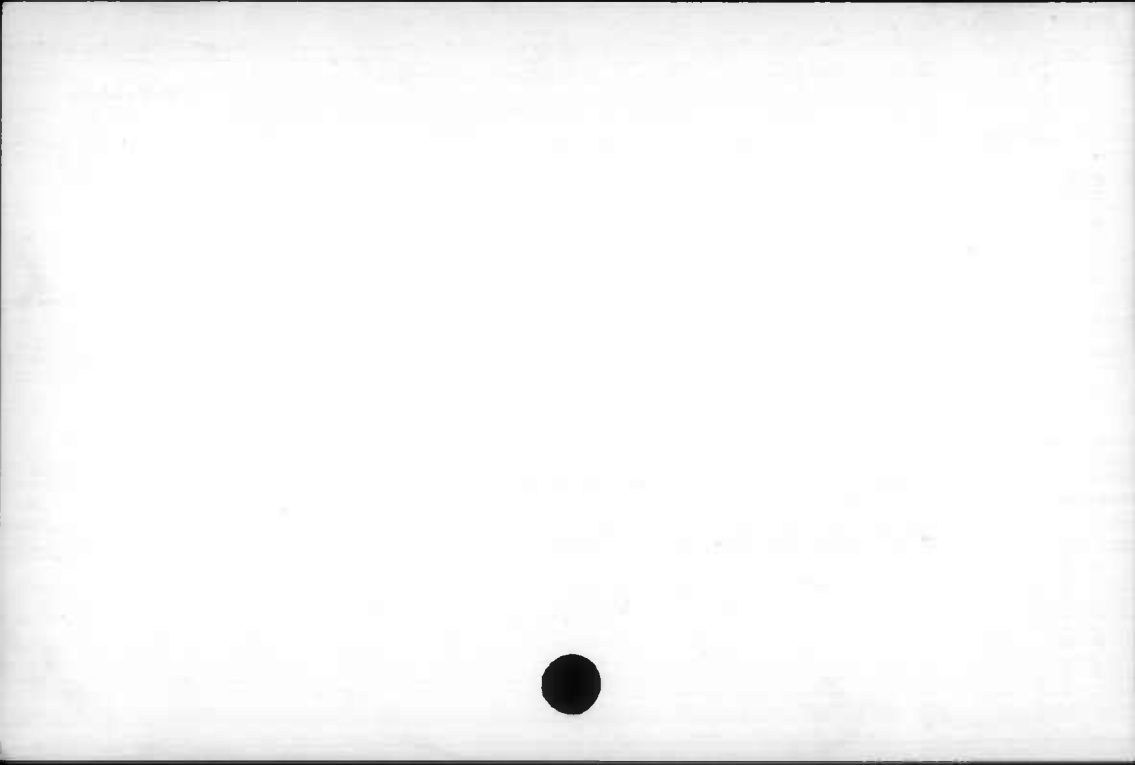
Name <i>John H Robinson</i>		Town <i>Burston</i>		County <i>Calvert</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>20</i>		Years <i>69</i>	
Date of death <i>1909</i>		Months <i>11</i>		Days <i>15</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Calvert Co</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Janie Denton</i>					
Father's Name <i>John Robinson</i>		Father's Birthplace <i>Calvert Co</i>					
Mother's Maiden Name <i>Deborah Bowen</i>		Mother's Birthplace <i>Calvert Co</i>					
Name of person giving Information <i>Wm H Robinson</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long
Immediate <i>Paralysis</i>	How long <i>16 hrs</i>
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>J. M. King MD</i>
	Address <i>Burston Md</i>
Accident or Suicida	



Name
in
Full

Percy Saylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

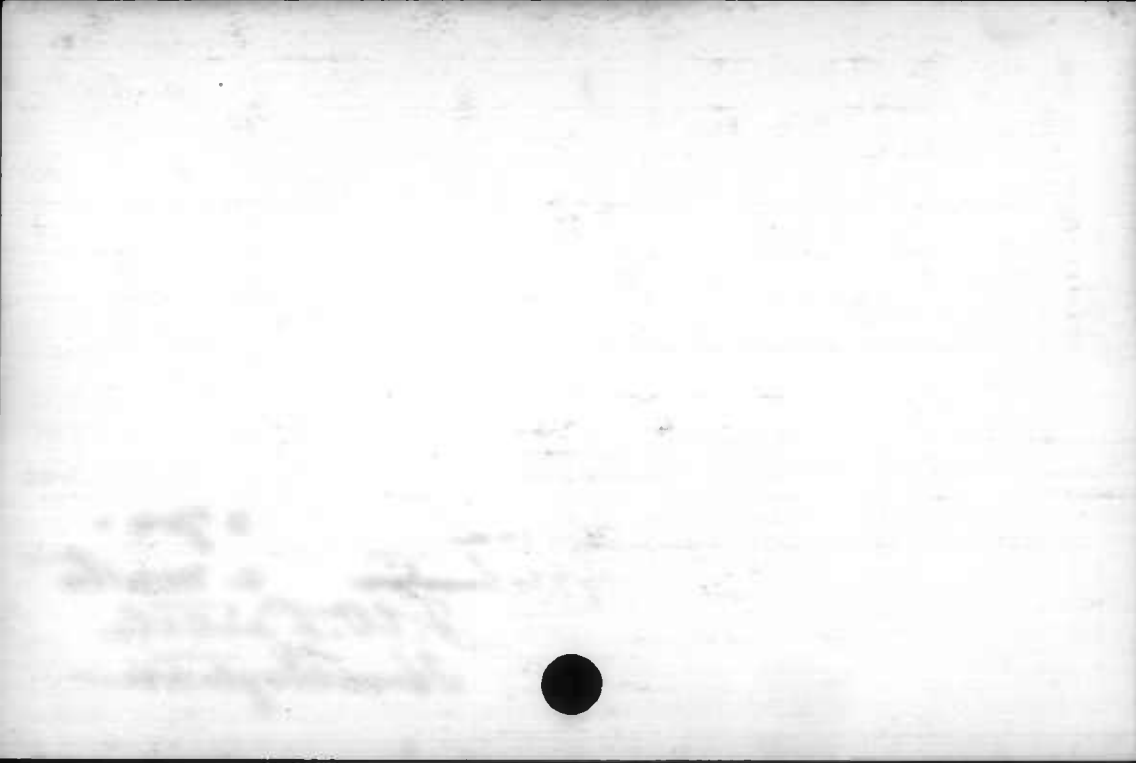
Died at <i>Sunderland</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death	1909	Month	mech	Day	4	Age	8
Sex	Male		Color or Race	Negro		Birth-place	Baltimore
Occupation	School boy		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Zach Saylor				Father's Birthplace	Batto.	
Mother's Maiden Name	Mary Ellen Ray				Mother's Birthplace	Cal. Co	
Name of person giving Information	Robt. Jones				How related to deceased	None	

CAUSES OF DEATH

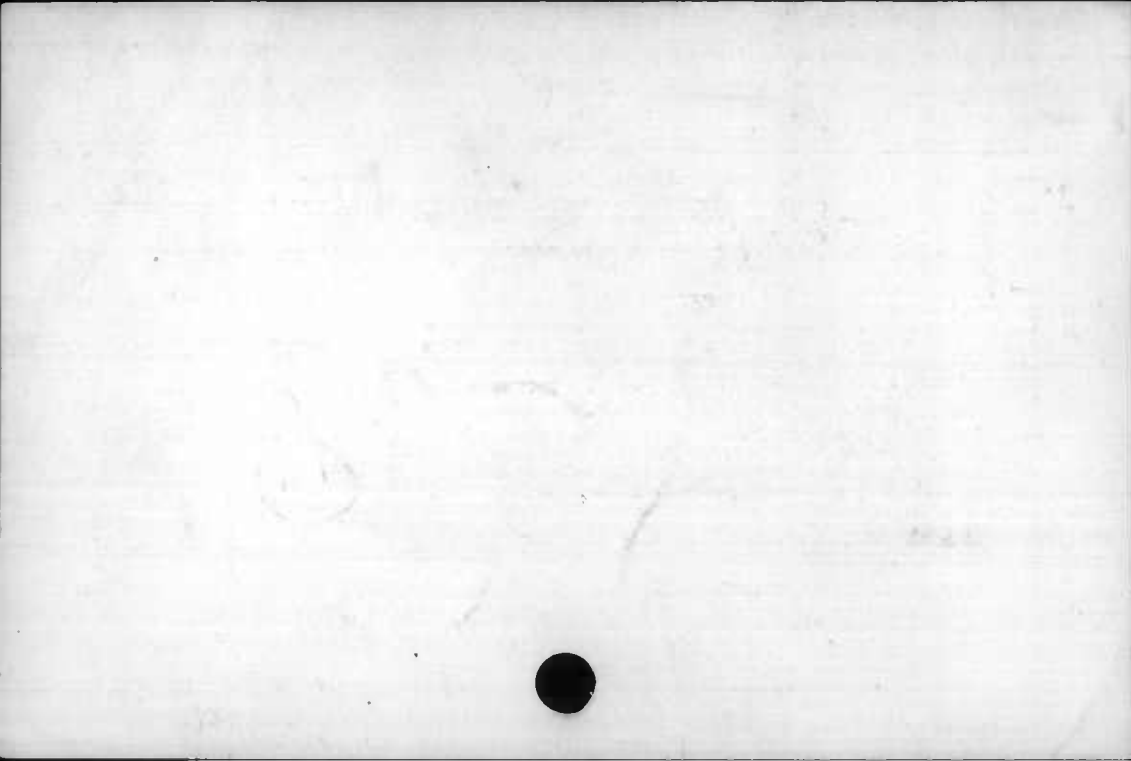
47

Primary	<i>Rheumatism + Chorea</i>	How long	<i>2 yrs.</i>
Immediate	<i>Mitral Incompetency or exhaustion</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>J. W. Fitch</i>	
Address		<i>Huntingtown</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name in Full		Thomas Mondelan Webb				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Channy		County Calvert		MARYLAND	
	Date of death	1909	Month March	Day 21	Age 30	Months	Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Merchant		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband	Irene Handley		
	Father's Name	Webster Webb				Father's Birthplace	Calvert Co. Md.
	Mother's Maiden Name	Laura Plummer				Mother's Birthplace	Channy, Md.
Name of person giving information	Clarence Hutchins				How related to deceased	Brother in law	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cerebral Apoplexy				How long	64 3 hours
	Immediate	Paralysis				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?				Channy, Md.			



Name
in
Full

Roland Wenus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Franklin</i>		County <i>Calvert</i>		MARYLAND	
Date of death 190 <i>9</i> Month <i>Mar-</i> Day <i>18</i>		Age <i>—</i> Years		Months <i>11</i> Days <i>28</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth place <i>Calvert Co., md</i>	
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Geo Wenus</i>		Father's Birthplace <i>Calvert Co., md</i>			
Mother's Maiden Name <i>Susie Hilton</i>		Mother's Birthplace <i>Richmond, Va</i>			
Name of person giving Information <i>Geo Wenus</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary <i>Laryngeal Tuberculosis</i>	How long <i>about 6 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo F Chambers MD</i>
	Address <i>Linsby, Calvert Co., md</i>
Accident or Suicide <i>—</i>	

